121 HOSPITAL DRIVE

WATERTOWN 53098 Phone: (920) 261-9220		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	122	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	106	Average Daily Census:	117

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	ફ ફ		21.7
Supp. Home Care-Household Services	No	Developmental Disabilities	1.9	Under 65	10.4	More Than 4 Years	17.9
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	9.4 28.3	•	85.8
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94		**********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	0.0	95 & Over 		Full-Time Equivalent Nursing Staff per 100 Res	
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over		(12/31/03)	
Transportation	No	Cardiovascular Cerebrovascular				RNs	10.4
Referral Service	No	Diabetes		Gender	%		9.0
Other Services	Yes	Respiratory					44.0
Provide Day Programming for Mentally Ill	No	Other Medical Conditions 		Male Female	34.9 65.1	Aides, & Orderlies	41.2
Provide Day Programming for		 -	100.0			!	
Developmentally Disabled	No	 +++++++++++++++++++++++++++++++	*****	 *******	100.0		******

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	4	4.9	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.8
Skilled Care	9	100.0	108	77	95.1	108	0	0.0	0	13	81.3	173	0	0.0	0	0	0.0	0	99	93.4
Intermediate				0	0.0	0	0	0.0	0	3	18.8	173	0	0.0	0	0	0.0	0	3	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		81	100.0		0	0.0		16	100.0		0	0.0		0	0.0		106	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12/	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용		ssistance of	<u> -</u>	Number of
Private Home/No Home Health	11.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.7	Bathing	4.7		49.1	46.2	106
Other Nursing Homes	6.2	Dressing	20.8		55.7	23.6	106
Acute Care Hospitals	78.6	Transferring	31.1		44.3	24.5	106
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.4		46.2	27.4	106
Rehabilitation Hospitals	0.0	Eating	63.2		20.8	16.0	106
Other Locations	3.4	******	*****	*****	******	*******	*****
otal Number of Admissions	145	Continence		용	Special Treatmen	its	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	7.5	Receiving Resp	iratory Care	9.4
Private Home/No Home Health	5.0	Occ/Freq. Incontinen	it of Bladder	51.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	28.1	Occ/Freq. Incontinen	it of Bowel	34.9	Receiving Suct	ioning	0.0
Other Nursing Homes	5.6				Receiving Osto	omy Care	0.9
Acute Care Hospitals	10.0	Mobility			Receiving Tube	Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	37.7
Rehabilitation Hospitals	0.0				_	_	
Other Locations	9.4	Skin Care			Other Resident C	haracteristics	
Deaths	41.9	With Pressure Sores		10.4	Have Advance D	irectives	93.4
otal Number of Discharges		With Rashes		5.7	Medications		
(Including Deaths)	160				Receiving Psyc	hoactive Drugs	63.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****	****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.5	84.6	1.12	87.2	1.08	88.1	1.07	87.4	1.08
			0.27						0.27
Current Residents from In-County	20.8	75.5		78.9	0.26	69.7	0.30	76.7	
Admissions from In-County, Still Residing	6.9	18.9	0.36	23.1	0.30	21.4	0.32	19.6	0.35
Admissions/Average Daily Census	123.9	152.9	0.81	115.9	1.07	109.6	1.13	141.3	0.88
Discharges/Average Daily Census	136.8	154.8	0.88	117.7	1.16	111.3	1.23	142.5	0.96
Discharges To Private Residence/Average Daily Census	45.3	63.8	0.71	46.3	0.98	42.9	1.06	61.6	0.74
Residents Receiving Skilled Care	97.2	94.6	1.03	96.5	1.01	92.4	1.05	88.1	1.10
Residents Aged 65 and Older	89.6	93.7	0.96	93.3	0.96	93.1	0.96	87.8	1.02
Title 19 (Medicaid) Funded Residents	76.4	66.0	1.16	68.3	1.12	68.8	1.11	65.9	1.16
Private Pay Funded Residents	15.1	19.0	0.79	19.3	0.78	20.5	0.73	21.0	0.72
Developmentally Disabled Residents	1.9	0.5	3.76	0.5	4.01	0.5	3.76	6.5	0.29
Mentally Ill Residents	17.0	31.3	0.54	39.6	0.43	38.2	0.44	33.6	0.51
General Medical Service Residents	6.6	23.7	0.28	21.6	0.31	21.9	0.30	20.6	0.32
Impaired ADL (Mean)	49.4	48.4	1.02	50.4	0.98	48.0	1.03	49.4	1.00
Psychological Problems	63.2	50.1	1.26	55.3	1.14	54.9	1.15	57.4	1.10
Nursing Care Required (Mean)	8.3	6.6	1.26	7.4	1.11	7.3	1.13	7.3	1.13